

**RECEIVED**  
**CENTRAL FAX CENTER****AUG 21 2006****FAX TRANSMISSION****DATE:** August 21, 2006**PTO IDENTIFIER:** Application Number 10/795,848-Conf. #1275  
Patent Number**Inventor:** Charles R. Szmanda**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP  
Christine C. O'Day**PHONE:** (617) 439-4444**Attorney Dkt. #:** 52022(70329)**PAGES (Including Cover Sheet):** 8**CONTENTS:** Transmittal (1 page)  
Response to Restriction Requirement (2 pages)  
Fee Transmittal (1 page)  
Five Month Request for Extension of Time Under 37 C.F.R. 1.136(a) (2 pages)  
Charge \$2,160.00 to deposit account 04-1105  
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 439-4444 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

**EDWARDS ANGELL PALMER & DODGE LLP**  
P.O. Box 55874, Boston, Massachusetts 02205  
Telephone: (617) 439-4444 Facsimile: (617) 439-4170

AUG 21 2006

PTO/SB/07 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

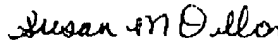
Application No. (if known): 10/795,848

Attorney Docket No.: 52022(70329)

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on August 21, 2006  
Date



Signature

Susan Dillon

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 439-4444

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal (1 page)

Response to Restriction Requirement (2 pages)

Fee Transmittal (1 page)

Five Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Charge \$2,160.00 to deposit account 04-1105

Certificate of Transmission (1 page)

RECEIVED  
CENTRAL FAX CENTER

AUG 21 2006

PTO/SB/21 (07-06)

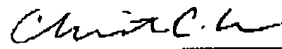
Approved for use through 09/30/2006. OMB 0651-0031

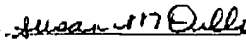
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>	Application Number	10/795,848
	Filing Date	March 8, 2004
	First Named Inventor	Szmanda
	Art Unit	1713
	Examiner Name	R. Harlan
Total Number of Pages in This Submission	Attorney Docket Number	52022 (70329)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Christine C. O'Day		
Date	August 21, 2006	Reg. No.	38,256

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the U.S. Patent and Trademark Office, MS Amendment, on the date shown below.	
Dated: August 21, 2006	Signature:  (Susan Dillon)

RECEIVED  
CENTRAL FAX CENTER

AUG 21 2006

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0551-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<p style="text-align: center;"><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/795,848-Conf. #1275
		Filing Date	March 8, 2004
		First Named Inventor	Charles R. Szmanda
		Examiner Name	R. D. Harlan
		Art Unit	1713
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 2,160.00		Attorney Docket No.	52022(70329)

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: 04-1105    Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
				<b>Fee (\$)</b> <b>Fee Paid (\$)</b>
IIP = highest number of total claims paid for, if greater than 20.				
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
IIP = highest number of independent claims paid for, if greater than 3.				

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1255 Extension for response within fifth month	2,160.00

<b>SUBMITTED BY</b>		Registration No.	38,256	Telephone	(617) 439-4444
Signature	<i>Christine C. O'Day</i>	(Attorney/Agent)		Date	August 21, 2006
Name (Print/Type)	Christine C. O'Day				